# MEDICAID MEMO

TO:     All Outpatient Psychiatric, Outpatient Rehabilitation
        [including Comprehensive Outpatient Rehabilitation
        (CORF)], Durable Medical Equipment (DME), Orthotic,
        Home Health, Physicians, and Non-Emergency MRI,
        PET, and CAT Scan, Service Providers, and Managed
        Care Organizations Participating in the Virginia Medical
        Assistance Programs

FROM:   Patrick W. Finnerty, Director
        Department of Medical Assistance Services         DATE: 09/20/2006

SUBJECT:    Updates and Clarification of the Prior Authorization Process for Outpatient Services

The purpose of this memorandum is to provide periodic updates and clarification for the prior authorization (PA) process with Virginia Medicaid's PA contractor, Keystone Peer Review Organization (KePRO). This memorandum is one in a series of updates that will assist providers in obtaining PA-related information that will expedite the review process. We understand that some providers still are experiencing delays, however, are seeing progress in the correct submission of Prior Authorizations by providers and in the number of PAs being processed by KePRO. We appreciate the provider input and suggestions given to us which have helped facilitate a greater understanding of providers' needs. We ask for your patience and understanding during this transition as we continue to improve upon the current process.

**Timely Filing Requirements**
DMAS has extended the relaxed requirement of timely submission for PA requests through December 31, 2006. This applies for request dates beginning June 5, 2006 (at the time of the KePRO implementation). **Starting January 1, 2007 timely submission for requests will again be applied and determinations will be made based on timeliness.**

**Resource Information**
Should you have any questions regarding the prior authorization process, please send your inquiries via e-mail to **providerissues@kepro.org** or **PAUR06@dmas.virginia.gov**. Remember do not send PHI by e-mail unless it is sent via a secure encrypted e-mail submission.

All other Medicaid provider issues not related to prior authorization should be addressed through the Provider Helpline.  The numbers are 1-800-552-8627 or if you are located in Richmond or out-of-state call 804-786-6273.

## Additional Tips to Expedite Your Request

Your request will be expedited more efficiently if you keep in mind the following tips:

- Include all relevant clinical information in the Severity of Illness (SI) and Intensity of Service (IS) boxes, locators 14 and 15 on the Outpatient Prior Authorization Request form (DMAS-363).  Please do not state "see attached" or "meets criteria," and do not send attachments with the fax forms, except as noted in fax form instructions.

- KePRO is unable to alter any information submitted on PA requests.  Providers are responsible for providing accurate and correct information on their PA requests.

- When completing the Outpatient Prior Authorization Request form (DMAS-363), please assure you are checking the appropriate PA Service Type in locator 13.

- The primary ICD-9 diagnosis code is required and must include all 5 digits if applicable. iEXCHANGE provides a search feature for ICD-9 and procedure codes.  These codes are also available in an Excel format that may be viewed by written diagnosis, rather than ICD-9 code on the KePRO website at:  http://dmas.kepro.org/default.aspx?page=faq.

### Overlapping Dates

- For on-going prior authorizations, check your files and verify the dates that you already have authorized before submitting your request.

- Submit your request using the correct begin and end dates.   If your new PA request overlaps with an approved PA that is already on file (same recipient, same provider, same service, same or overlapping dates), the PA request will be rejected.

- If your PA request overlaps with a PA from a different provider (same recipient, same service, same or overlapping dates), your PA request will be delayed.  Additionally, if your recipient is transitioning to you from a different provider, the prior provider must submit a request to end their PA before an authorization for the receiving provider can be completed.

### Revenue Codes

For Home Health and Outpatient Rehabilitation providers:

- Continue to use the existing revenue codes however, you must use a prefix of "R" when submitting the PA request.  *i.e.*, revenue code 0421 must be entered as R0421.

- The "R" prefix is only required for the PA submission. Continue to submit claims without the "R" prefix.
- The appropriate revenue codes are listed in the DMAS *Home Health Provider Manual* and *Rehabilitation Provider Manual* (Chapter 5).

### Durable Medical Equipment (DME) Submission to an Existing PA

- For DME requests where additional lines are added to an approved case, the roll-up line causes the request to be out of sequence. DMAS and KePRO are working to resolve this problem.

## Verification of Valid ID Numbers

Identification numbers may be verified easily by looking at the number of digits in the ID number.

- The Case ID Number is generated once your request is entered in iEXCHANGE. This is a tracking number of the specific request submitted. **The Case ID Number is 9 digits in length.**

- All Medicaid ID numbers for individuals covered under Medicaid are 12 digits in length. Please submit a complete Medicaid ID number for all requests. Providers are encouraged to verify the individual's eligibility and enrollment prior to submitting requests to KePRO. Incomplete ID numbers cannot be processed and will be rejected back to the provider. **All valid Medicaid ID numbers are 12 digits in length.**

- Once a final determination has been made on the submitted request, a prior authorization (PA) number will be generated by the VaMMIS. **All PA numbers are 11 digits in length**. The PA number will also be posted on iEXCHANGE (and sent via fax for telephone and fax PA submissions). Providers may also check prior authorization status through Medicall (1-800-884-9730 or 1-800-772-9996) or the DMAS web-based automatic response system (ARS) at http://virginia.fhsc.com.

## iEXCHANGE Information
Registration is required and once completed, providers can expect to receive their iEXCHANGE user login and password by email within 10 business days. A step-by-step iEXCHANGE user manual, an on-line pre-recorded training presentation with iEXCHANGE demo, and other helpful resources are available on the KePRO website at: http://dmas.kepro.org/default.aspx?page=iexchange.

## KePRO Contact Information
You may contact KePRO through the following methods:

> **iEXCHANGE:  http://dmas.kepro.org/**
> **Toll Free Phone:** 1-888-VAPAUTH (1-888-827-2884)
> **Local Phone:** (804) 622-8900
> **Fax:** 1-877-OKBYFAX (1-877-652-9329)
> **Mail:** 2810 N. Parham Road, Suite 305, Richmond, VA 23294
> **Other Provider Issues:** ProviderIssues@kepro.org

## Alternate Methods to Obtain PA, Eligibility and Claims Status Information
DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is http://virginia.fhsc.com. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE at http://dmas.kepro.org/

## COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov.  Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link.  This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda.  The Internet is the most efficient means to receive and review current provider information.   If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076.   A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

## PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter.  The intent of this electronic newsletter is to inform, communicate, and share important program information with providers.  Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers.   If you would like to receive the electronic newsletter, please sign up at: www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.